

The Charitable Irish Society

Halifax, Nova Scotia, Canada

Membership Application Form

(separate forms required for each member of a Couple or Family membership)

Name: _____

Occupation: _____

Address: _____

E-Mail address: _____

Telephone (Residence) (____) _____ (Work) (____) _____

How did you hear about the Charitable Irish Society of Halifax? _____

Signature: _____ Date: _____

MEMBERS ARE SUBJECT TO THE RULES AND BY-LAWS OF THE SOCIETY (AVAILABLE ON REQUEST)

Annual Membership Categories and Fees

- Individual Membership\$20
- Couples Membership\$30
- Family Membership (parent(s) and children up to 18th birthday)....\$40

Paying for: (circle one) 1yr. 2yr. 3yr. Total Enclosed \$ _____

Mail to: The Charitable Irish Society of Halifax
P.O. Box 31244
Halifax, Nova Scotia, B3K 5Y1

To be completed by Executive Committee

Proposed by: _____ Seconded by: _____

Date Membership Approved: _____